

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 126
Registered No. 55

1. PLACE OF BIRTH

County Gila State Ariz.
District or Township Globe, or Village _____
City Globe No. 168 E. Ceder, St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Lora V. Mc Kinney,
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child <u>Female</u>	To be answered ONLY In event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>Yes</u>	7. Date of birth <u>3</u> <u>3</u> <u>1926</u> Month Day Year
		5. No., in order of birth _____		

8. **FATHER**
Full name Ray McKinney,

9. Residence
(Usual place of abode) Globe,
If non-resident, give place and state.

10. Color or race White
11. Age at last birthday 21 (Years)

12. Birthplace (city or place) Hopkins Co.
(State or country) Texas,

13. Occupation
Nature of industry Miner,

14. **MOTHER**
Full maiden name Hezel Jones,

15. Residence
(Usual place of abode) Globe,
If non-resident, give place and state.

16. Color or race White
17. Age at last birthday 18 (Years)

18. Birthplace (city or place) Hopkins Co.,
(State or country) Texas.

19. Occupation
Nature of industry Housewife,

20. Number of children of this mother 1
(Taken as of time of birth of child herein
certified and including this child.)
(a) Born alive and now living 1
(b) Born alive but now dead 0
(c) Stillborn 0

21. Were precautions taken against oph-
thalmia neonatorum? Yes,

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 8:20 A. m. on the date above stated
(Born alive or stillborn.)

*When there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.

Signature G. E. Weyhman
Physician,
(Physician or midwife).

Given name added from
a supplemental report _____
Month, day, year _____

Address Globe, Ariz.
Filed 3/31 26 1926 W. H. Fort
Registrar

349-303-812

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth suited.